



State of New Jersey FIREARMS APPLICANT INVESTIGATION REPORT



(1) TYPE OF APPLICATION			(2) DATE OF APPLICATION		
(3) NAME OF APPLICANT			(4) DATE OF BIRTH		
(5) ADDRESS OF APPLICANT - NUMBER & STREET		CITY	COUNTY	STATE	
(6) NAME AND RESIDENCE CONFIRMATION COMMENTS					
(7) OCCUPATION		(8) EMPLOYER'S NAME AND ADDRESS OR PLACE OF BUSINESS			
(9) EMPLOYMENT CONFIRMATION COMMENTS					
(10) INVESTIGATOR'S FEDERAL, STATE, COUNTY AND MUNICIPAL RECORDS CHECK AND COMMENTS					
INTERVIEW OF REPUTABLE PERSONS WHO ARE PERSONALLY ACQUAINTED WITH THE APPLICANT TO DETERMINE IF APPLICANT IS SUBJECT TO ANY OF THE DISABILITIES OR CONDITIONS AS SET FORTH IN N.J.S. 2C: 58-3					
(11) REFERENCE #1 - NAME AND ADDRESS					
(12) COMMENTS					
(13) REFERENCE #2 - NAME AND ADDRESS					
(14) COMMENTS					
(15) SUMMARY OF INVESTIGATION					
(16) DATE OF REPORT	(17) RANK	NAME	BADGE	STATION	
(18) PERMIT TO PURCHASE NUMBER		DATE OF ISSUE	(19) ID CARD NUMBER/SBI NUMBER		DATE OF ISSUE

Continuation Page must be used for investigation of Retail Firearms Dealer, Permit to Carry Firearms, Manufacturers and Wholesalers Applications. Continuation Page may be used to report additional information for the investigation of any other firearm application.

TYPE OF APPLICATION AS LISTED ON PAGE #1

(20) LOCATION OF BUSINESS OF RETAIL DEALER - (Description of Building, Street, City, County, State)

(21) FEDERAL LICENSE NO. ISSUED - NAME OF LICENSEE

EXPIRATION DATE

(22) REFERENCE #3 - NAME & ADDRESS

(23) COMMENTS

(24) SUMMARY OF INVESTIGATION

(25) DATE OF REPORT

(26) RANK NAME

BADGE

(27) STATION

(28) RETAIL FIREARMS DEALER'S LICENSE NUMBER

DATE OF ISSUE

(29) PERMIT TO CARRY FIREARMS NUMBER

DATE OF ISSUE